

No. <b>W 66675</b>		<b>Due no later than Sep 30, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  S & D INSURANCE LLC SHAUNA M HIEDEMAN PO BOX 34 BURLEY ID 83318		SHAUNA M HIEDEMAN 1301 E 16TH ST BURLEY ID 83318	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MANAGER	SHAUNA M HIEDEMAN	PO BOX 34	BURLEY	ID	83318
5. Organized Under the Laws of:  <b>ID W 66675</b>		6. Annual Report must be signed.* Signature: Shauna M Hiedeman Name (type or print): Shauna M Hiedeman Date: 08/03/2015 Title: Manager			
Processed 08/03/2015		* Electronically provided signatures are accepted as original signatures.			